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MAIN
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U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

New Frontiers in Health Services to the Aged

Modified from an address by Leslie W. Knott, M.D., Chief, Division of Chronic Diseases, Public Health Service, U.S. Department of Health, Education, and Welfare, before the annual meeting, The National Council on the Aging, New York City, October 9, 1961.

Today for the first time, we in America have within our grasp the legislative means to turn the health knowledge gained through research into direct services to people. I refer, of course, to the Community Health Services and Facilities Act of 1961, an Act which Secretary Ribicoff has called "one of the most important advances in the history of Federal health legislation."

Briefly, the Act provides:

1. An expanded program of matching grants and other services to States to build up community health services for the chronically ill.
2. A new program of special project grants to conduct studies, experiments, and demonstrations for developing new or improved *methods* of providing out-of-hospital community health services particularly for the chronically ill and the aged.
3. An appropriation authorization increase which would double the annual Hill-Burton grant funds available for construction of non-profit nursing homes.
4. A broadened grant program for stimulating research and demonstrations to improve the design and function of hospitals and related health and medical facilities.

The Act also provides: Increased appropriation authorization for grants-in-aid to schools of public health for programs of training and consultation; liberalized eligibility criteria for construction of Hill-Burton rehabilitation centers; extension of authorization for hospital construction loans under the Hill-Burton Program; and certain modifications in the program for the construction of health research facilities.

State Grants

I wish to concentrate here on the first two provisions of the Act. The first of these two, State grants, provides for increasing the authorized amount of Federal funds allocated yearly among State health departments.

The Congress already has appropriated \$6 million for fiscal 1962 grants under the provisions of this new law. This money has been allocated to State health departments in accordance with the State's own resources, the total population and the proportion of the nation's aged who reside in the State. No State receives less than \$40,000, and in each case the grant must be matched by \$1 of State monies for every \$2 of the Federal grant.

State must use these "formula grants" to increase the availability, scope, and quality of out-of-the-hospital community health services for the chronically ill and the aged. In some cases the funds probably will be used to develop or expand services at the State level, such services to provide training, consultation, technical assistance, recruitment and other programs to help local

areas provide better care for those afflicted with long term illnesses.

In other States, funds may be used to give direct financial aid to local communities which in turn will develop or expand appropriate out-of-hospital services. Still other States will use a combination of these methods for putting Federal grants to use.

In speaking of out-of-the-hospital services, we visualize such programs as nursing care of the sick at home; homemaker services; homecare which includes coordinated medical and nursing; rehabilitative and social services; information and referral services to assist patients in getting to the right type of facility or service; education and training; and diagnostic or screening activities for the early detection of disease at a time when treatment can be the most effective in preventing complications and disability. Out-of-the-hospital also encompasses consultation, training and technical services aimed at the improvement of patient care in nursing homes.

All of these services mentioned exist to some degree in scattered areas throughout the country. The number of patients served, however, is exceedingly small compared to the need. Coordinated home care programs, for example, serve about 5,000 persons; only about 3,000 families have the benefit of homemaker services; about half the 1 million completely home bound cases receive nursing service. Rural areas are the most deficient but nearly 200 cities with populations of 25,000 or more lack home nursing service.

Although use of State formula grants are not limited to these specific areas of interest, the grants are designed to assist States and their communities to initiate, expand and develop the kinds of activities that will prevent disability, restore the disabled to maximum function, and keep them in their own communities and preferably in their own homes when that is possible.

Project Grants

This brings me to a second major provision of the new law—the special project grant. The basic objective of the formula grant as just described is to extend or improve the availability, scope and quality of out-of-hospital services, primarily for the aged and chronically ill. The project grant objective, by way of contrast, is to study, conduct experiments and demonstrate *new* or improved *methods* of providing such services. Project grants present an opportunity to put imagination to use, to test ideas, to venture on new paths for improving the lot of those who run the risk of disability as well as those who actually are disabled.

Any State or local public agency or any non-profit private organization is eligible for a project grant. These include health departments, welfare groups, social agencies, voluntary health associations, hospitals and educational institutions.

Implication for the Local Community

Since project grants are designed to assist individual groups and local communities in setting up new services or to test new ideas, how can the community best prepare to take advantage of this opportunity. What are the implications?

1. *Organization.* First and foremost, some organized community group must take the leadership in becoming familiar with grant requirements and in developing suitable projects. As already indicated, this may be a local governmental health or welfare department or some established non-profit agency.

A project applicant should, in the planning stage, seek the advice and assistance, and preferably participation, of the other groups that have related interests or who may be affected or involved once the project is established. Certainly, this would include the health professions; official and voluntary health and welfare agencies; governmental groups—particularly elected officials; industrial and labor leaders; civic and fraternal organizations; professional membership organizations; the clergy; insurance interest—Blue Cross and private health insurance groups; education representatives; and last but not least, the representatives of the press, radio and TV.

Early involvement of interested or affected parties can do much to enhance the eventual understanding, acceptance and future financial support so essential to the sound establishment of a new service.

2. *Determination of Need and Resources.* Another essential early step is to determine the need and resources existing in the community. A number of excellent sources are available to help. Among them are the extensive findings of the McNamara Subcommittee on Aging of the United States Senate, the reports submitted by the States preliminary to the White House Conference on Aging, the final recommendations of the White House Conference itself and the information and findings provided by the National Health Survey.

It is possible, of course, to go to the extreme of conducting a door-to-door survey within the community. But the method is costly, time-consuming and not always necessary. Most communities need only to follow the approach used in Guilford County, North Carolina. Here the yardstick for planning was fashioned by an assessment of need

(Continued on page 13)

Special Staff on Aging Issues New Publications

"Guidelines" and "Case Studies" Now Available

DHEW's Special Staff on Aging has published two new series of publications on aging. The first, "Reports and Guidelines from the White House Conference on Aging," is a series of fourteen separate pamphlets, each of which deals with one of the specific subject-matter Sections covered by the Conference. Each report attempts to answer some of the questions of how? why? when? what? and where? that arise from a consideration of the WHCA Policy Statements and Recommendations.

Purpose of the series is to provide

- a background against which the findings and recommendations of the Conference may take on greater meaning and usefulness, and
- a greater measure of practical guidance for those who might wish to apply these recommendations.

Reports and Guidelines

1. Aging With a Future. Selected addresses from the WHCA	45¢
2. Education for Aging	25¢
3. Employment Security and Retirement of the Older Worker	25¢
4. Impact of Inflation on Retired Persons ..	20¢
5. Income Maintenance, including Financing Health Costs	35¢
6. Free Time Activities: Recreation, Voluntary Services, Citizenship Participation	30¢
7. Religion and Aging	15¢
8. Role and Training of Professional Personnel	25¢
9. Research in Gerontology: Psychological and Social Sciences	30¢
10. Research in Gerontology: Biological and Medical	50¢
11. Rehabilitation and Aging	25¢
12. Local Community Organization for Aging	15¢
13. Federal Organizations and Programs in Aging	15¢
14. National Voluntary Services and Service Organizations in Aging	20¢

The second new series, "Patterns for Progress in Aging," has been prepared to help answer the question, "What can we do for our older citizen in the community . . . and how do we go about it?" Designed to serve as a working guide to action, the series provides practical information about successful services for older people. It consists of a number of analyses of ongoing prototype programs ranging from preretirement counseling to community craft activities.

The entire series has been written in layman's terms by well-qualified authors with firsthand experience in setting up and administering the program under consideration. The texts present an objective self-evaluation of each project, including details of its nature, history, development, impact on the persons it serves and an analysis of the procedures and problems connected with it.

A limited number of copies of publications in both series is available free, while the supply lasts: Special Staff on Aging, U.S. Department of HEW, Washington 25, D.C.

Sale copies are available from: Superintendent of Documents, Washington 25, D.C. Titles and single copy prices are listed below. (There is a discount of 25% on 100 or more copies going to one address.)

Patterns for Progress in Aging

1. A Community Nursing Home	15¢
2. A Vocational Training and Placement Program for Older Workers	15¢
3. An Activity Center for Senior Citizens ..	20¢
4. A Community Craft Program	15¢
5. Retirement Preparation: Chicago Plan ..	15¢
6. A Senior Citizens Association	15¢
7. A Vocational Counseling Program for Older Workers	15¢
8. A County Health Department Geriatric Program	15¢
9. The TVA Retirement Program	15¢
10. A Senior Citizens Service Center	15¢
11. Senior City at the New York State Fair ..	15¢
12. A Low Rent Public Housing Project for the Elderly	15¢
13. A Friendly Visiting Program	15¢
14. Senior Housing—Golden Age Center Program	15¢

New York University:

Rehabilitation—Research—Training Center

Establishment of the Nation's first rehabilitation-research-training center was announced October 13 by Miss Mary E. Switzer, Director of DHEW's Office of Vocational Rehabilitation.

In announcing the \$500,000 annual grant to New York University's Institute of Physical Medicine and Rehabilitation (400 E 34 St, NYC 16), Miss Switzer said a \$390,000 installment already has been granted for the current academic year.

The facilities of the Institute, under the direction of Dr. Howard A. Rusk, will be used for the research in rehabilitation and, simultaneously, the training of short-supply professional rehabilitation workers in a clinical atmosphere.

A limited number of such centers will be established at universities that have medical schools with comprehensive teaching and research programs as resources for research in other phases of rehabilitation and for training workers in various disciplines, including medicine.

Commenting upon the initial grant, Miss Switzer termed it "a significant stride toward increasing our scientific knowledge, and training of professional workers so desperately needed to restore our handicapped people to independence and to relieve them, their families, and the public of the spectre of long-term dependency."

NCOA Officers Re-elected:

Eleven New Board Members

G. Warfield Hobbs of Westport, Connecticut was re-elected President of The National Council on the Aging (345 E. 46 St, NYC 17) at The Council's annual business meeting on October 9.

Re-elected with Mr. Hobbs were Council Vice-Presidents *Ollie A. Randall*, consultant to the Ford Foundation's Program on Aging; *Michael M. Dacso, M.D.*, director of physical medicine and rehabilitation at New York's Goldwater Memorial Hospital, and *Charles E. Odell*, director of the Older and Retired Workers Department of the United Automobile, Aircraft and Agricultural Implement Workers of America (UAW). *Morris Zelditch*, director of Social Planning for the Council of Jewish Federations and Welfare Funds, was re-elected as Secretary. *Albert J. Abrams*, assistant to New York State Senator Mahoney, was elected treasurer.

At the same meeting, eleven new members were elected to NCOA's Board of Directors:

John Corson of McKinsey and Company, Washington, D.C.;

George P. Davis, former chairman of the Massachusetts Council for Aging, Boston;

Robert W. Kean of Livingston, New Jersey;

I. S. Loewenberg, architect for Loewenberg and Loewenberg, Chicago;

Garson Meyer, chief chemist for the Camera Works, Apparatus and Optical Division of Eastman Kodak Company, Rochester, N.Y.;

James C. O'Brien, executive director of the Committee on Retired Workers of the United Steel-Workers of America, Washington, D.C.;

Martin E. Segal, president of Retirement Advisors Inc. and of Martin E. Segal Company, Consultants and Actuaries, Welfare, Health and Pension Programs, New York City;

Henry Viscardi, Jr., president of Abilities, Inc., Albertson, N.Y.;

Dr. Russell V. Lee, executive consultant of the Palo Alto Clinic, Palo Alto, Calif.;

Charles C. MacLean, Jr. of Dewey, Ballantine, Bushby, Palmer, & Wood, New York City;

Dr. John McConnell, Dean of the School of Industrial and Labor Relations, Cornell University, Ithaca, N.Y.

PHS:

New Office on Aging

Dr. Wilson T. Sowder, former director of the Florida State Health Department, was appointed by Surgeon General Luther L. Terry as Chief of the Public Health Service's new Office on Aging, to coordinate the many health and medical activities in this field.

The Office on Aging, to be located under the Chief of the Bureau of State Services, will develop policies, give consultation and guidance, and help in the existing efforts of the Service in the broad field of health of the aging. The new office will also coordinate the activities of the Bureau toward a more effective application by State and local health departments of the research findings of the National Institutes of Health on diseases affecting the older-age population.

Dr. Sowder, a career officer in the Public Health Service, has been State Health Officer for Florida since 1945. Dr. Terry noted that he has done an outstanding job in establishing and effectively maintaining health services for that State, especially in planning and implementing programs for the benefit of the aging population.

Senate Committee on Aging Schedules Over 30 Hearings Across The Nation

With scheduled hearings and site visits throughout the country, the U.S. Senate's Special Committee on Aging, under Chairman Pat. McNamara of Michigan, has begun an intensive new "grass roots" study of conditions affecting the aging in specific areas of interest. From October through December special subcommittees are visiting over 30 cities—more than four times the number of "field" sessions held last year by the Senate's former Subcommittee on Aging.

A unique feature in the current hearings are "town hall" sessions where older people themselves are invited to give their views. A full report of the findings from all 1961 hearings will be published by the Committee.

The complete schedule, as of November 3, 1961, is as follows:

Date	Place	Subcommittee Chairman	Subject
Northeast			
Oct. 16	Newark, N.J.	Senator Williams	Housing
Oct. 18	Philadelphia, Pa.	Senator Clark	Housing
Oct. 14	Scranton, Pa.	Senator Clark	Housing
Oct. 23	Trenton, N.J.	Senator Williams	Federal & State
Nov. 20	Hartford, Conn.	Senator Smith	Nursing Homes
Nov. 29	Springfield, Mass.	Senator Smith	Retirement Income
Dec. 1	Boston, Mass.	Senator Smith	Nursing Homes
West			
Oct. 24	Los Angeles, Calif.	Senator Engle	Federal & State
Oct. 25	Las Vegas, Nevada	Senator Bible	Federal & State
Nov. 27	Honolulu, Oahu	Senator Long (Haw.)	Federal & State
Nov. 29	Lihue, Kauai	Senator Long (Haw.)	Federal & State
Nov. 30	Wailuku, Maui	Senator Long (Haw.)	Federal & State
Dec. 1	Hilo, Hawaii	Senator Long (Haw.)	Federal & State
Northwest			
Nov. 6	Portland, Ore.	Senator Morse	Nursing Homes
Nov. 8	Eugene, Ore.	Senator Morse	Federal & State
Nov. 10	Walla Walla, Wash.	Senator Morse	Nursing Homes
Nov. 13	Pocatello, Idaho	Senator Church	Federal & State
Nov. 15	Boise, Idaho	Senator Church	Federal & State
Nov. 17	Spokane, Wash.	Senator Church	Federal & State
South			
Nov. 6	St. Petersburg, Fla.	Senator Smathers	Retirement Income
Nov. 7	Port Charlotte, Fla.	Senator Smathers	Retirement Income
Nov. 8	Sarasota, Fla.	Senator Smathers	Retirement Income
Dec. 18	(Florida)	Senator Smathers	Retirement Income
Dec. 21	(Florida)	Senator Smathers	Retirement Income
Central			
Dec. 4	Minneapolis, Minn.	Senator Long (Mo.)	Nursing Homes
Dec. 6	Kansas City, Mo.	Senator Long (Mo.)	Federal & State
Dec. 8	St. Louis, Mo.	Senator Long (Mo.)	Housing
Dec. 11	St. Joseph, Mo.	Senator Long (Mo.)	Retirement Income
Dec. 12	Springfield, Mo.	Senator Long (Mo.)	Nursing Homes
Dec. 13	Hannibal, Mo.	Senator Long (Mo.)	Retirement Income
Dec. 15	Cape Girardeau, Mo.	Senator Long (Mo.)	Retirement Income

CORRECTION

In the Maryland State Commission story on page 3 of the September issue of *Aging* (No. 83), the statement many retired people are on "social security, which limits their earnings to \$1500 a year," was incorrectly phrased.

Social security does not "limit" earnings. Rather, the system limits benefit payments if earnings exceed specified amounts.

At the time the Maryland State Commission set up their plan, \$1500 was the maximum a

An NIH Report:

International Research Grants

By Mrs. Joe Bales Graber, M.P.H., Information Officer, Center for Aging Research, Division of General Medical Sciences, National Institutes of Health, Bethesda 14, Maryland.

About six percent of the NIH grants made to researchers in foreign countries are in the field of gerontology. These research projects are supported by the seven Institutes and the Division of General Medical Sciences.

Countries participating in this world-wide program for research in aging (with a current total of 25 projects) are Belgium, Canada, Chile, England, France, Italy, Israel, Japan, Puerto Rico, South Africa, Sweden, Switzerland, The Netherlands, and Yugoslavia.

The projects include studies on osteoporosis; influence of aging on various cell populations in certain organs of animals; physiology of aging to show the possibility of its dependence upon changes in brain function; production of endocrine imbalances to determine the effect upon the primitive mesenchymal cells of the body as they relate to normal and abnormal growth and differentiation; fat metabolism during growth, development and aging; and purification of human growth hormone. Other studies made on the carbohydrate metabolism of the lens of experimental animals to determine the effect of insulin on glucose uptake by the lens; processes of chronic bronchitis and emphysema through the development of bronchographic methods; diabetes; and cerebrovascular diseases.

Some of the grants are concerned with cardiovascular disorders such as ischemic heart diseases, atherosclerosis, coronary artery diseases, relationship of nutrition and cardiovascular diseases, and cardiorespiratory diseases.

Additional grants provide for the publication of translations of foreign medical abstracts.

person under 72 could earn and still derive some benefit from his earnings over and above his social security payments. A beneficiary under 72 can earn as much as \$1200 in a year and still collect all his social security benefits. For every \$2 of earnings over \$1200 (and every \$1 over \$1700) he gives up \$1 of his benefits.

An explanation, "You Don't Have to Retire Completely To Get Social Security Benefits," is available from any District Office of the Social Security Administration. Ask for leaflet OASI-23c, October 1961.

American Public Welfare Association: Public Welfare Project on Aging

By Jay L. Roney, Director, 6006 S. Stony Island Ave., Chicago 37.

APWA's Public Welfare Project on Aging has continued to promote interest and stimulate activities to strengthen services to older persons through State and local public welfare agencies across the nation.

This year the Project on Aging co-sponsored with other public and voluntary organizations, three seminars on

- Casework,
- Group Work, and
- Local Community Organization.

The Project also has held an institute and two seminars:

(1) "Strengthening Social Services for the Aging Aged through Public Welfare Staff Development Programs," held April 5-7, and led by Evalyn G. Weller, Assistant Chief, Division of Technical Training, Bureau of Public Assistance, DHEW, included 29 participants representing State and local welfare staff development personnel. The publication reporting this session is now being prepared. It will prove especially helpful not only to supervisory and in-service training personnel, but to all organizations working with older persons.

(2) "Administration of Services to the Aging through Local Public Welfare Departments," held May 4-5, and led by Charles I. Schottland, Dean of The Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, included 24 local administrators representing the larger urban areas. This seminar report is also to be published shortly and should prove valuable to local administrators and to coordinating councils working with county welfare directors.

(3) "Administrative Aspects of Services for Aging," involving 12 State administrators, was held June 26-27, with Jay L. Roney as leader. This group represented the smaller, less populated states. The need for increased services for the aging and the role of the State administrator in community organization were emphasized. The report of this conference will be combined with two previous State administrators' sessions for publication at a later date.

Wide Participation

There are only seven States and two territories that have not participated in such meetings to date. The Project is constantly moving toward encouraging higher standards of care for the

aging and providing opportunities for improving understanding of needs of older persons, and the responsibilities public welfare must assume in helping them achieve a more satisfying life.

Committee on Aging

The APWA Committee on Aging, representing national, State and local voluntary and public agencies, has established four sub-committee groups working in the areas of *Self Assessment Guides for Agencies*, *Protective Services (including Guardianship)*, *Weighting and Classification of caseloads in relation to the aging*, and *Publications*. Each of these subcommittees, working with the Staff Representative, Mrs. Julia Dubin is in the process of formulating guidelines which will prove helpful not only to the field of public welfare but also to each community.

New York City:

Golden Ring Clubs of Senior Citizens

By Zalmen J. Lichtenstein, Program Director, Council of the Golden Ring Clubs, 25 E 78 St, NYC 21.

The Golden Ring Clubs of Senior Citizens are a "grass roots" movement started five years ago by elderly people who in their younger years pioneered in community and labor movements. These people, we believe, derive satisfaction from maintaining their pioneering and creative spirit.

The two basic principles of the Golden Ring movement are "Do It Yourself" and "Pay As You Go."

All activities and action projects are planned and implemented by the senior citizens themselves—the leaders and members of the clubs; all programs and public functions are financed "as you go"—by the club members.

The Golden Ring Council is the central body uniting the senior citizens and their various organizations — church groups, community centers, retired trade union members, and similar groups—for a comprehensive educational program intended to make the community aware of the needs of its elderly citizens.

The Golden Ring Council is a voluntary, non-profit, non-sectarian, and non-partisan organization. Its clubs function in the states of New York, New Jersey, Florida, Ohio, Illinois, and California. The Council held its greatest public rally of 20,000 senior citizens in 1960 at Madison Square Garden to commemorate the 25th anniversary of the Social Security Act.

We are now initiating a new educational program to emphasize that better social security protection is in the interest of the three-generation American family.

New Jersey:

"Don't Be An Ostrich— Prepare Now For Leisure"

By Miss Gertrude Eckhardt, Executive Director, Bergen County Tuberculosis & Health Assn., Inc., 369 Union St., Hackensack, N. J. This Association includes in its services a Division on the Aging, a special pilot project under the direction of Mrs. Helen S. Wilson.

In Bergen County a real effort is being made to impress upon the young and middle-aged the wisdom of preparing for their years of leisure.

The Division of the Aging of the Bergen County Tuberculosis and Health Association, and the Readers Service of *The Record* (our county's daily newspaper with a circulation of 100,000) co-sponsored a series of three forums on "Preparation for Successful Aging," directed to residents between 35 and 55.

With the admonition "Don't be an ostrich—plan now for good health, financial security, life with a purpose in your years of leisure," the sponsors invited young and middle-aged residents to attend meetings on successive Wednesday evenings in an auditorium with a seating capacity of 500.

Less than three weeks after our first press release the house was "sold out," and further publicity had to be muffled.

Purpose

Subject for the first session was "Purpose." Develop a purpose in youth, the audience was advised, that will carry through to the years of maturity. Mr. Earl Ubell, a local resident who is Science Editor of the *New York Herald Tribune*, was keynote speaker. A moderator and panel, including senior citizens, discussed problems and opportunities of women whose children have grown, contributions to community service and the arts, and "spiritual growth."

Finance

The second session was on "Finance." A round table discussion was moderated by Mr. Kenneth H. Dickson, President, Bergen County Bankers Association. Panelists included the managers of the local social security office, of two investment and brokerage firms, and a banker, attorney, insurance representative, and specialist in estate planning.

Health

The last session was on "Health." Dr. Theodore Klumpp, president of Winthrop Laboratories and WHCA participant, gave the major address. The session was moderated by the chairman of the County Medical Society's Committee on the

Aged and Chronically Ill. Panelists included a psychiatrist, internist, and dentist.

Interest in this series, slowly developing over a period of years had been rekindled by an article, "The Best is Yet to Be," by Mr. Ubell, in the January 1961 issue of *House Beautiful* magazine.

The sponsors—and hopefully the audiences—are convinced that an important approach to easing problems of the aging lies in impressing upon the young and middle-aged citizens the necessity of preparing early for their years of leisure.

Louisiana: New Home Nursing Project

This item was adapted from *Aging Highlights*, publication of the APWA Project on Aging, 6006 Stony Island Avenue, Chicago 37; issue Number 8.

A six-month pilot home nursing project for old age assistance patients, jointly sponsored by the Louisiana State Board of Health and the Louisiana State Department of Public Welfare, was begun July 1, 1961 and is scheduled to continue through December 31, 1961. The study will furnish information needed in planning the statewide program for old age assistance patients with long-term illness and in need of medical nursing services in the home. It is being financed with money made available in connection with the Kerr-Mills Act, and involves state funds.

Nurses of local health departments in seven parishes in the state will provide services under the direction of the treating physician. Selection of the parishes was based on the rural-urban character of the parish; size of caseload and race distribution of recipients; number of cases already known to need nursing care in the home; staff situation in the local health unit and staff recruitment prospects in the parish; and acceptance and cooperation of the medical and allied professions in the parish.

Under the direction of each patient's physician, the nurses will provide essential services for the patient. It is anticipated that much of the service will involve teaching the patient's family, or the person living in the home who is caring for him, to care for the patient.

The purpose of the pilot study is to learn more about the program's merits, its cost, time involved, number of nurses needed, and administrative problems. It is hoped that it will show the extent to which recipients of OAA need and will use bedside nursing care. The program itself, tentatively scheduled to begin on a statewide basis after completion of the study, will be financed by matching state and federal funds.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

ABRAHAM A. RIBICOFF, Secretary

Special Staff on Aging

Donald P. Kent, Ph.D., Special Assistant to the Secretary

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Use of funds for printing this publication approved by the Director of the Bureau of the Budget July 24, 1961.

NEWS ITEMS

After 20 years in DHEW's Social Security Administration, Miss Dorothy McCamman has transferred to the U.S. Senate Special Committee on Aging (Room 132 Senate Office Building, Washington 25, DC) as a Professional Staff Member and Specialist on Social Security.

In her new capacity, Miss McCamman will have an opportunity to continue working with the many contacts she made while she was WHCA Technical Director for the sections on Income Maintenance and Impact of Inflation. Prior to the WHCA, Miss McCamman was Assistant Director of Program Research in the Social Security Administration.



The Kansas Legislature, in its 1961 session, transferred legal responsibility for licensure of nursing homes, boarding homes and homes for the aged from the Kansas State Department of Social Welfare to the Kansas State Board of Health, effective July 1, 1961.

The Division of Services for the Aging, State Department of Social Welfare is now devoting full time to development of programs and services to older persons in Kansas, regardless of financial status, who reside in their own homes. This development of new community resources and the extension of existing resources is part of an effort to make it possible for a greater number of persons to remain in their own homes for a longer period of time.

For more information: Mrs. Loudell Frazier, Director, Division of Services for the Aging, State Department of Social Welfare, State Office Building, Topeka, Kansas.

In New York, Mrs. Marcelle G. Levy, Administrator of the State Office for the Aging (112 State St, Albany 7) announced the appointment of two additional staff members as **Community Consultants on Aging**.

Miss Evelyn P. Clarke has been on duty since September to help provide a program of technical assistance and guidance to local communities on ways and means of organizing and coordinating their self-help, voluntary, and public services for the aging.

Mr. James J. O'Malley since October has been responsible for various writing, public information, and information distribution assignments. On October 18, the Ford Foundation announced **three new grants in the field of aging:**

- *Gerontological Society*—\$25,000 for research seminars, publication of monographs, and planning a library center in the field of gerontology;

- *New York University*—\$20,500 for a study of management problems in special public housing for the elderly;

- *Washington University*—\$177,000 for a program to improve public and private job placement services for middle-aged and older workers.

For more information: Mr. Willard Hertz or Mr. Walter Ashley, The Ford Foundation, 477 Madison Ave, NYC 22.



On September 1, Mr. George Landsman was assigned to the Community Services Branch, National Institute of Mental Health at NIH, as consultant in Aging and Chronic Diseases. This new position is to stimulate and promote service programs and research evaluating procedures in official Mental Health programs.

Mr. Landsman was formerly in psychiatric settings and was most recently assigned to DHEW's Region IV in Atlanta, Georgia, for a period of more than five years as PHS Mental Health Consultant in Psychiatric Social Work.



HHFA's Community Facilities Administration announced on October 21 that a nine-story apartment building for senior citizens will be built at Cottage Grove Ave & 51st St. in Chicago with a Federal loan of \$1,285,760. The loan is made under The Housing and Home Finance Agency's direct loan program for housing for the elderly.

This project, sponsored by the Number Two Chicago Dwellings Association, a private non-profit corporation whose membership and officers are also members of the Chicago Housing Authority, will have many features specially designed to meet the needs of senior citizens.

"The Added Years" is a weekly radio series produced by the New Jersey Division on Aging, and is presented in cooperation with 17 New Jersey community-minded stations. It is designed to acquaint listeners with what is being done in various New Jersey communities, throughout the state and country, to explore and help solve the many complex problems faced by the aged today.

For more information: Mrs. Eone Harger, Director, State of New Jersey Division on Aging, Department of State, Trenton 25.



In Minnesota, legislation was passed creating the Governor's Citizens Council on Aging as a permanent unit under administrative supervision of the State Department of Public Welfare.

The State Legislature also authorized the employment of an additional member on the staff of the consultant on aging in the State Department of Public Welfare.

Reports indicate that this should permit increased development of regional programs for the training of professional personnel; the improvement of consulting services to already organized committees; and increasing communication between agencies, committees and officials. Plans are now being studied for activity in several research and demonstration projects.

For more information: Mr. Bernard E. Nash, Special Consultant on Aging, Minnesota Department of Public Welfare, St. Paul 1.

HHFA Direct Loan Program:

First Housing Project Dedicated

The first completed housing project for senior citizens financed with a direct federal loan was dedicated on October 15 at Menlo Park, California, with Commissioner Sidney H. Woolner of HHFA's Community Facilities Administration as speaker.

The project is sponsored by Peninsula Volunteers, a local social service organization, which built and now operates Little House in Menlo Park, one of the nation's outstanding senior centers. It is financed by a loan of \$280,000, made through the Community Facilities Administration, a constituent of the Housing and Home Finance Agency, to which the sponsors have added almost \$100,000 raised by contributions.

The new housing consists of 30 units in four two-story structures grouped around a large landscaped quadrangle and connected by a two-story arcade, at 817 Patridge Ave. It is occupied by 29 single individuals and one couple.

Special Features for the Elderly

The apartments contain many special features designed especially to meet the needs of its elderly occupants. These include flush thresholds, an elevator, oversized doors, oversized stall showers with built-in seats and door handles, high intensity lighting, non-slip floors, modulating water temperature controls for the showers, multiple fire alarms connected directly to the fire department, and extra stairs for safety.

Peninsula Volunteers decided to build this project when the counseling activities of the Little House revealed the need of many Little House members for better housing than was available to them at a cost they could afford.

New Zoning Classification

To build the retirement apartments, it became necessary for the sponsors to have an entirely new zoning classification established, the first anywhere, known as R-L-U- (retirement living units), adopted by the Menlo Park Planning Commission.

Chicago:

Retirement Preparation Program At Carson's Department Store

This article is adapted, and reprinted, with permission, from the May 19, 1961, *Pension and Profit Sharing Report* published by Prentice-Hall, Inc., Englewood Cliffs, N. J.

For more information about the program: Miss Martha Douglas, Director of Counseling, Carson Pirie Scott & Co., State and Madison Sts, Chicago 3.

Successful retirement requires preparation. To provide this preparation a growing number of companies—and also unions and government agencies—have established preretirement counseling programs. One of the most successful programs is conducted by Carson Pirie Scott & Co., the Chicago department store. The origin and technique of Carson's program are described in an article, "A Preparation for Retirement Program," (Single copies @ 15¢ in limited supply: Mayor's Commission on Senior Citizens, 64 E Lake Street, Chicago 1).

The following summary of the Carson program offers some approaches and techniques that could prove successful elsewhere, but every such program must be geared to company resources, retirement policies, type of personnel, and other factors.

Aware of the Need

Retirement is *voluntary* at Carson's. Employees

can continue to work after 65 if they maintain health and production standards. When the store's retirement plan became effective in 1952, more than 400 of its employees were past age 65. Their presence made Carson's especially sensitive to the problems of older workers and led to the establishment of the preparation for retirement program.

Miss Douglas was assigned to develop the program. Under her guidance, the store has built a successful pre-retirement program that encourages employees to ready themselves for retirement.

The Annual Interview

Each employee age 60 or over has an annual interview and a medical check-up. During the yearly interview, the results of the medical examination, the employee's job performance, his personal plans for the future, and employee benefits are discussed. The employee is given two booklets. One is *Looking Forward to your Retirement*, published by the U.S. Chamber of Commerce. It emphasizes the need to plan if the employee is to get the most in good health, leisure, and financial wellbeing when he retires. The other is a company publication outlining the store's employee retirement benefits.

The object of the interview is to start the employee thinking about planning for retirement. Since the decision to retire comes from the employee, the counselor's role is to "sell" the employee on the advantages of retirement. "You have earned the right to tell us when you wish to retire. As you know, the store does not ask you to retire—but you owe it to yourself to have a few years to do the things you have always wanted to do." This statement, says Miss Douglas, plants the seed that brings results. And, when necessary, a tactful reference to a failing job performance or poor health, will lead the employee to make his own decision to retire. An involuntary retirement is an exception to the usual practice.

Other Techniques

In addition to individual interviews, the Carson program also features a preparation for retirement course called, "Making the Most of Maturity." Once a week, for nine weeks, 20 employees meet for an hour and a half over coffee and discuss various subjects related to retirement. Each member is given a set of materials prepared by the University of Chicago's Industrial Relations Center. Breakfast meetings for older employees are another occasion for informal discussions. And because it feels that retiring from work is an occasion to mark, the company holds a monthly

luncheon for all those retiring that month. Women get orchids, men, gift certificates. These friendly occasions help sell the idea of retirement to their working friends who are luncheon guests.

After retirement the company keeps contact with former workers through a series of afternoon teas, an annual Christmas tea, and the simple but much appreciated gesture of sending birthday cards.

Worth The Time And Money

Anticipating that approval of the program's aims will be mixed with hard-headed questions about its cost, Miss Douglas asks and answers this question: "Why should management spend the money to adjust people to retirement, in addition to paying pensions?" She points out that employee confidence in company retirement policies is a vital element in good morale. Secure in their future and pleased by the success of their friends' retirement, older workers become enthusiastic emissaries of good will to younger employees and customers. The exact value of this good will is hard to estimate, but Carson Pirie Scott & Co. feels it's well worth the time and money expended to attain it.

New York City:

Rehabilitation on a Shoestring

In two wards at Bird S. Coler Hospital, for the past two years, a new type of ward activity program, organized by nurses, has been in progress.

Based primarily on meeting the needs of chronically ill and aged patients confined to institutional living, this program emphasizes the therapeutic use of nursing attendant staff. *No special equipment is required.*

This is a prescribed program of physical exercise and social participation, using the techniques of motivation and mobility to counteract depression, and the debilitating effects of physical and mental inactivity and social isolation.

Reprints of "Rehabilitation on a Shoestring," by Ruth Irwin Bier, R.N., (published in the August 1961 issue of *The American Journal of Nursing*, and scheduled for republication in the ANHA Journal, *Nursing Homes*) are available upon request from the Office of Postgraduate Education, Department of Physical Medicine and Rehabilitation, New York Medical College, 106 St. and Fifth Ave, NYC 29.

Mrs. Bier, who also has available copies of mimeographed guidesheets actually used on the wards, writes that "our program has taken con-

crete form and been tested in performance. Professional staff working with the aged in hospitals and nursing homes and public health administrators in the community, have been particularly interested. Volunteers working on the wards find our motivation and mobility sequence easy to follow, and helpful in working with patients. I believe this program is the only one in the country organized so simply, on a how-to-do-it basis, making do with improvised equipment and inexperienced auxiliary workers trained on the job."

Women Face Retirement "Several Times"

From the University of Michigan News Service

In America, a woman's normal life-cycle provides her with two or three retirement experiences before her husband faces this problem the first time.

Dr. Wilma Donahue, chairman of the University of Michigan Division of Gerontology describes the contrast as follows:

"In our society many women have left employment for child-rearing. Thus, they have become familiar with essential elements of the retirement experience in early adulthood. They have given up earning and income and have 'retired' to other activities.

"When the children grow up and leave the parental home, women experience another retirement from an essential function and have to make adjustments to the cessation of the maternal role.

"For this they are likely to be prepared by the staggered experience of temporary but increasing separations from their children which our methods of child-rearing have forced upon American mothers.

"And, in the physiological sphere, the menopause has taught them the inevitability of retirement from the meaningful experiences of child-rearing.

"The husband who has to make an adjustment to retirement, therefore, should find in his spouse a person who has experienced, in varied, and to him, partly inaccessible ways, the problem of retirement which he faces for the first time. But the extent to which the retirement-experienced wife is inclined to aid her husband in his adjustment has not been researched."

Dr. Donahue's comments are contained in "Retirement: The Emerging Social Pattern," a chapter co-authored with Harold L. Orbach and Otto Pollak in "The Handbook of Social Gerontology" (University of Chicago Press, 839 pp., \$12.50).

New Jersey:

Glaucoma Detection

Since 1956, the New Jersey Medical Society and the New Jersey State Commission for the Blind have co-sponsored free public eye examinations during the last week in September. These clinics are presented annually in conjunction with National Sight Conservation Month and developed from the State Commission's Glaucoma Detection Program—the first in the United States. The clinics are part of an educational program to assist in the early detection of glaucoma. Each year between 4,000 and 5,000 people take advantage of the eye health screening tests; approximately 300 persons are referred to the Commission's Eye Health Service for guidance. The Eye Health Service has a staff of public health nurses and a traveling eye examination unit among its year-round services.

Schedule for eye check-ups is included in a Newsletter and is sent to presidents of each of the 42 senior citizens clubs in Bergen County with the request that they announce the public clinics for glaucoma detection and urge their members to take advantage of this health service. "Hold Back The Night," a short film in color emphasizing the detection and early treatment of glaucoma, has been made available by the Eye Health Service.

For more information: Mr. Richard I. Nevin, Executive Officer, Medical Society of New Jersey, P.O. Box 904, Trenton 5, N.J.

University of Oklahoma:

New Gerontological Services Unit

As a result of a recommendation for establishing an institute on aging, made at the Oklahoma State Conference, a new unit on Gerontological Services was established in July as part of the Family Life Institute at the University of Oklahoma in Norman. Dr. Frank A. Balyeat was appointed Coordinator.

Establishment of the Gerontological Services within the Family Life Institute emphasizes the need for the older person to remain within the family and points up the fact that the problems of older individuals are not isolated, but are connected in many ways with other aspects of the family.

A major service will be to coordinate the activities in Oklahoma and to gather and disseminate information about conditions, needs, and activities in Oklahoma. The bulletin, *Aging in Oklahoma*, will help in this service.

PUBLICATIONS

Another new PHS *Health Statistics Report* from the U.S. National Health Survey is for sale by the Superintendent of Documents, Washington 25, D.C. @ 40¢:

"Disability Days" (Public Health Service Publication No. 548-B29), includes "statistics on volume of restricted-activity days and bed-disability days by age, sex, residence, family income, region, and major activity. Based on data collected in household interviews during the period July 1959-June 1960."



A sprightly new pamphlet, **"Social Security and the American Indian,"** "adobe-red" in color, has been published by DHEW's Bureau of Old-Age and Survivors Insurance. For all American Indians, it explains how they may be covered under social security. Copies are free from any district office of the Social Security Administration.



The U.S. Civil Service Commission has published a new pamphlet (38 pp.) that reviews and analyzes the development of retirement planning programs in the Federal service.

"Retirement Planning: A Growing Employee Relations Service" (Personnel Methods Series No. 12), is for sale @ 20¢ by Superintendent of Documents, Washington 25, D.C.



DHEW's Bureau of Public Assistance has just released Public Assistance Report No. 48, **"Characteristics and Financial Circumstances of Recipients of Old Age Assistance, 1960—Part 1—National Data."** This study was the result of a "joint undertaking of the Bureau of Public Assistance and the state agencies administering old age assistance programs."

Free copies in limited supply: Division of Program Statistics and Analysis, Bureau of Public Assistance, Social Security Administration, US Department of HEW, Washington 25, D.C.



The October 1961 issue of **Nursing Homes**, official Journal of the American Nursing Home Association (1346 Connecticut Ave, NW, Washington 6, DC: \$3.50 a year, single copy 50¢), has articles of interest to readers of *Aging*:

"A Three Point Program For the Dental Care of the Chronically Ill and Aging Developed by the Connecticut State Dental Association," by Gerald L. St. Marie, D.D.S.;

"Montgomery County Program for Occupational Therapy Assistants in Geriatrics and Long Illness," by Virginia Louise Caskey, O. T. R.

A new publication series in gerontology and geriatrics has been announced by Charles C. Thomas, Publisher, of Springfield, Illinois. The series is called **American Lectures In Geriatrics And Gerontology.**

Most of the books will be short monographs on aspects of aging, but longer works will be considered when subjects warrant more extensive treatment. The series will attempt to meet a need in the field for a satisfactory publication arrangement for the increasing number of excellent research studies of aging.

For more information: Editor, Dr. James E. Birren, National Institutes of Health, Bethesda 14, Md.



"Planning Improved Services for the Aging through Public Welfare Agencies" has just been published by the American Public Welfare Association (cost is \$1). This publication reports an Institute led by Eunice Minton, Chief, Welfare Standards Branch, Division of Program Standards and Development, Bureau of Public Assistance, Social Security Administration, U.S. Department of HEW, and sponsored by the APWA Public Welfare Project on Aging. It provides information about some of the basic considerations for serving the aging within the public welfare framework: Basic Social Work Issues; Needs of Older People Requiring Special Consideration; Special Considerations of Public Welfare Programs; Program Planning and Selection of Priorities. (All orders under \$5 must be accompanied by money order or check and directed to the Publications Office, 1313 E 60 St, Chicago 37, Ill.)



With the September 1961 issue, **The Gerontologist** continues its new series of articles of wide general interest, including Part II of James E. Birren's **"A Brief History of the Psychology of Aging"**; as well as a list of Fellows and Members of the Gerontological Society are included.

\$5 a year (issued quarterly), single copy \$1.25; Gerontological Society, Inc., 660 S. Kingshighway, St. Louis 10, Mo.



The Bonus Years, a quarterly news sheet issued by the Hawaii State Commission on Aging, is available to anyone upon request. It is intended to stimulate interest in the concerns of aging, and to inform the citizenry of Hawaii on national as well as local activities.

Free copies: Mrs. Alexander Faye, Executive Secretary, Commission on Aging, State Office Building, Honolulu.

"When All Your Time Is Your Own . . ." is an informative, practical, handsomely designed leaflet which provides a **"guide to Services and Opportunities for Older Men and Women in Hennepin County."** It is published by and available from the Planning Committee on Aging of the Community Health and Welfare Council, 300 Citizens Aid Building, 404 S. 8 St, Minneapolis 4.

Address request to Mrs. Irene Williams.

☆
"Sponsor's Guide—Helping Others to a Better Tomorrow," a pre-retirement planning handbook to assist employers, labor organizations, and professional societies in developing a basic pre-retirement program, has been published by the Council on Aging for Seattle & King County, 617 YMCA Building, 909 Fourth Ave., Seattle 4, Wash.

"This kit is based on an award winning pre-retirement program and has been nationally recognized." Professional assistance in preparing it was provided by the Washington State Chapter of the American Society of Training Directors. Copies are available @ \$2.

☆
"New York State Services For the Aging," a descriptive 4-page brochure, outlines the services available to the aging in New York State and defines the programs of the Office for the Aging.

Single copy, in limited supply, available free from Office for the Aging, 112 State St, Albany 7.

☆
The Council for the Aging in Weymouth, Mass., a town with a population of 48,000 located 15 miles south of Boston, has recently issued to its older citizens a small pamphlet entitled **"Services and Opportunities for the Aging."**

For single copies: name, address, and a 4¢ stamp to Mrs. Ruth K. Cain, Council Chairman, 15 Candia St, East Weymouth 89, Mass.

☆
"Upgrading a Home for the Aging," offers helpful information on accommodations, policies, and personnel practices for a "home-like home for the aging." It "defines a dozen prevalent problems in homes for the aging, and offers one or more solutions for each problem."

The pamphlet (7 pp. mimeographed), is available free from William T. Swaim, Jr., Administrator, Presbyterian Homes of Central Pennsylvania, Dillsburg, Penna.

☆
A revised edition of **"Selected References on Retirement Planning"** is available free from the Library of the National Council on the Aging (345 E 46 St, NYC 17). This 7-page bibliography includes listings of interest both to program planners and to retirees.

A new study of the "need for services in the home, among clients of hospital social service departments, and other health agencies in New York City" was published in June 1961 by the Community Council of Greater New York (345 E 45 St, NYC 17). V & 54 pp; mimeographed; \$1.50.

"Home Aide Service Needs of Health Agency Clientele," analyzes the existing need for home-maker services and the characteristics of families who could benefit from such services.

☆
"For our purpose a *sheltered work program* will be assumed to mean a voluntary organization conducted not for profit but to provide a rehabilitation service for the physically, psychologically, or socially handicapped person by employing him in the manufacture of salable products," states Miss N. P. Smith in her helpful article, **"Operational Techniques for Sheltered Work Programs—A Guide for Planning and Management."**

The article, published in two parts, in the August and September 1961 issue of *Rehabilitation Literature* (National Society for Crippled Children and Adults, Inc., 2023 W. Ogden Ave, Chicago 12, Ill.; \$4.50 a year, single copy 50¢), covers Contract Procurement and Organizing the Physical Plant, Production Control, Constructive Supervision, Setting Up the Job, and Meeting Contract Commitments.

Single free copies of the issue are available from the publisher. Additional copies @ 50¢.

☆
"Cataract and Glaucoma—Hope through Research" (PHS Publication No. 793), an illustrated pamphlet prepared by the NIH National Institute of Neurological Diseases and Blindness, clearly defines the differences between cataract and glaucoma, offers facts and research about each, and includes a section, "Where you can find help."

Single copies are free from the Office of Information at NINDB, NIH, Bethesda 14, Md.

Copies are also for sale @ 15¢ from the Superintendent of Documents, Washington 25, D.C. There is a 25% discount on orders of 100 or more to one address.

☆
Two more committee prints are available from the U.S. Senate's Special Committee on Aging (Room 132 Senate Office Building, Washington 25, D.C.):

"Retirement Income of the Aging," hearings before the Subcommittee on Retirement Income, July 12-13, 1961;

"A Constant Purchasing Power Bond: A Proposal for Protecting Retirement Income."

White Plains, New York:

Senior Personnel Employment Committee

Adapted from a talk to the American Geriatrics Society, by Edwin J. Hiller, Director, Senior Personnel Employment Committee, 50 Quarropas St, White Plains, N. Y.

We are in business because of the success of the medical profession adding years to life. Our business is trying to add life to years. Let me tell you how we in White Plains accomplish this.

About five years ago, a group of interested people started a volunteer service organization known as "SPEC"—a Senior Personnel Employment Committee. This word gives us an unusual trade mark of "spectacles" for publicity purposes.

SPEC encourages employees to return to the labor market, and alerts employers to the fact that senior workers can bring loyalty, skill, and experience to any organization.

Our office is maintained entirely by volunteers, five mornings a week. The staff consists of retired businessmen, engineers, and housewives who lend a sympathetic and understanding ear to applicants, and introduce them to prospective employers.

People from all walks of life have come in to talk with us—railroad workers and a retired dean of admissions at a large Eastern university.

Employers are equally varied. Calls for help specify companions for the elderly, department store sales and service clerks, and employees for fund raising drives, accounting firms, insurance companies, country clubs, hospitals, ad infinitum.

One insurance company asked us for six workers to revise their filing system. The work was to be done after their daily closing hours so as not to interfere with their regular work. Evening working hours, five days a week, for six weeks with average salaries of \$50 a week, were arranged. At the end of the period, their personnel director said, "Because these employees performed so well, our project was completed in record time. We will be happy to recommend to any employer the facilities your organization offers in providing highly competent and qualified help."

The Domestic Front

On our "domestic front" we have developed quite a reputation for providing companions for the elderly of both sexes—by the day, week, or even longer periods. This helps to fill a two-fold purpose: we relieve the busy housewife of some of the responsibilities of caring for elderly parents, and we also relieve the nursing shortage when a

registered or practical nurse is not necessary. Sometimes companions are in demand for grandmothers (we've thought of calling them "grandma sitters") when the family departs for a week-end or short vacation.

Believe it or not, we have placed a retired director of children's playgrounds as a dog sitter. The family departed for a winter vacation in Florida and did not want to place their dog in a kennel. Upon their return, our client received a check for \$150!

An old resident of White Plains, formerly a State employee, had been under treatment for an emotional upset. His doctor said the client could be discharged if he could get a routine job. We had just such a job available—writing bills in long hand on a triplicate desk biller and doing odd jobs in the office. This was over a year ago and our client is still on the job. The pay, by the way, was raised when they found out he could do more for them than they had anticipated.

Publicity Brings Results

We rely on publicity to obtain both the jobs and the people. In January 1960, we even made the *New York Times*. A comprehensive article on our organization appeared in the Sunday edition of that paper in a prominent spot. It brought us an avalanche of responses, both from employers and employees.

Daily we scan classified want ads in our local paper and contact the advertisers by phone or mail in those cases where the job might be filled by one of our clients.

The Director of the White Plains Adult Education courses has instituted home making and first aid courses at our request, thereby creating a reservoir of such skills.

Governor's Cup Award

After two years of operation, SPEC received the 1959 Governor's Cup for outstanding service to senior citizens in New York State. Since then we have become a Community Chest agency of White Plains and Scarsdale. These agencies are now our sole support. We run our office on an annual budget of \$2,000, which includes rent, telephone, an answering service, postage, stationery, and the part-time services of a secretary.

Since our inception five years ago, we have interviewed hundreds of people between the ages of 60 and 80, the majority of whom were seeking employment to supplement an existing pension or social security—some merely to escape enforced idleness. We have been able to place about half of these applicants in jobs.

Nationwide Interest

We have received requests from 40 States in the Union for information on starting a similar service in other communities at the grass roots level. To date we have been instrumental in starting two—in New Jersey, and Connecticut.

It is easy to understand our tremendous gratification when we succeed in making a placement. Imagine our reward when our door opens and one of our hardest-to-place applicants bounds in and says, "I got that job!"

COMMUNITY HEALTH ACT (Continued from page 2)
among individuals already known to various agencies or professional groups.

All the physicians in Guilford County submitted reports on what they felt were the unmet needs of their chronically ill patients as far as health services were concerned. Patients in local nursing homes and hospitals were canvassed. The Visiting Nurse Association was asked to report on the long-term patients on its roster. The resulting collection of data provided the community with a good, general idea of the extent of their problem. The second step was an evaluation of existing resources. The third step was a comparison of the total demonstrated need and the extent to which this need was being met by available resources.

Among other things, the community learned that many individuals in hospitals did not need the intensive services of the hospital. The community learned as well that many patients in nursing homes or in their own homes were not getting the kinds and amounts of services they needed.

On the basis of this brief but thorough study, Guilford County determined that it should give highest priority to the unmet need for care services in the home.

The point to remember here is that each community must determine its own particular needs and resources.

3. *Suitability of Project.* With the determination of need, resources and gaps in service, the community should then proceed with projects that are realistic. To borrow a nautical comparison, perhaps a "row-boat" type of service is all that can be provided in the beginning. The important thing is whether the program provides a basic service most needed by the aged and chronically ill in the community. The "cabin-cruiser" service may have to come later.

It is equally essential to any successful community program that all who need services receive all the available services when and as required. Again, it is better for a community to plan limited services upon a broad base than to

have intensive services for a small section of the individuals in need of services.

In most public health programs, those who can pay are not included; here it is vital that they be included. Chronic disease and disability is no respecter of personal status. It is recommended, therefore, that most communities establish a fee for service based on ability to pay at the very start of their program. A community which has had a demonstration program with free services for three years, cannot expect the people to be willing to pay for something that they previously got without charge.

4. *Value to the Patient.* In the "tooling up" phase of the community program it is important to remember that care and treatment services for the older person, while basically no different from services required by all age groups, is often very different in extent of services required. The average older person needs a larger volume of services, for example, and some services he requires are more complex, more comprehensive and needed over a longer period of time.

In any program of community health services we must, therefore, strive to provide appropriate, adequate, comprehensive and continuous care to the aging individual according to his changing needs.

If the community is to meet the goal of the right patient in the right place at the right time, it is necessary to contact, evaluate and coordinate available services and facilities. This strongly suggests some centralized system of information, counseling and referral.

Finally, it is important to examine the potential of the individual community program for influence beyond the borders of the community. Hopefully, each community program will be designed to meet the challenge of providing example and precept for the benefit and guidance of other communities.

In closing I should like to quote Secretary Ribicoff in a recent speech before the National Foundation in New York. He said: "A research discovery in the laboratory, until it is applied, saves mice, not men! Breakthroughs in research should not be followed by breakdowns in delivery."

All too often, however, there have been breakdowns in delivery—in the transfer of research benefits from mice to men.

The Community Health Services and Facilities Act holds out the promise of an end to breakdown. It offers the tool by which we in public health and welfare may build a closer partnership within our States and communities—a partnership, carefully organized and operated to deliver service to people.

UNITED STATES
GOVERNMENT PRINTING OFFICE
DIVISION OF PUBLIC DOCUMENTS
Washington 25, D. C.

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\$750,000 New PHS Grant For "Out-of-Hospital" Services

Award of \$750,000 in contracts and cooperative agreements to 31 non-profit organizations and official health agencies for the support of experimental out-of-hospital services for the chronically ill and aged was announced October 22 by PHS Surgeon General Luther L. Terry.

Prior to recent enactment of the Community Health Services and Facilities Act (see page 1) which authorizes project grants for such studies, Congress had already made funds available for some 60 to 70 such pilot projects in order to stimulate the early development of community health services.

Of the 31 contracts and agreements, ten are for the *development of nursing services* for the sick at home; seven are geared to the development of *central information, referral and counseling services*; five are for the creation of *homemaker programs* at the community level; four deal with *improvement of services in nursing homes*; and five are in the area of *coordinated home care*.

Approved Grants for Community Health Services Demonstration Programs are listed below:

Sponsoring Agency	Subject	Grant
ARKANSAS Arkansas State Board of Health (Ouachita County)	Nursing Care of the Sick at Home	\$20,000
COLORADO Pueblo City, County Health Department	Nursing Care of the Sick at Home	\$25,000
FLORIDA Florida State Board of Health (26 rural counties)	Nursing Care of the Sick at Home	\$48,600
KANSAS Topeka-Shawnee County Health Department	Nursing Care of the Sick at Home	\$20,000
KENTUCKY Health and Welfare Council Louisville	Central Information, Referral and Counseling Services	\$25,000
MARYLAND Baltimore City Health Department	Central Information, Referral and Counseling Services	\$25,500
MASSACHUSETTS Brookline Health Department Brandeis University (Newton) Department of Public Health Massachusetts Department of Health	Nursing Home Services Homemaker Services Homemaker Services	\$21,500 \$25,000 \$25,000
MICHIGAN Michigan State University Michigan State Department of Health Michigan State Department of Health	Nursing Home Services Nursing Care of the Sick at Home Coordinated Home Care Services	\$ 5,000 \$60,000 \$46,200
MINNESOTA Minneapolis Health Department Minnesota State Department of Health (Morrison County) Minnesota State Department of Health (St. Paul, Ramsey and Dakota Counties)	Nursing Care of the Sick at Home Coordinated Home Care Services Central Information, Referral and Counseling Services	\$32,000 \$25,000 \$25,000
NEBRASKA Nebraska State Department of Health (Central City) Nebraska State Department of Health (Beatrice)	Homemaker Services Homemaker Services	\$ 5,200 \$11,000
NEW MEXICO Santa Fe County Health Department	Coordinated Home Care Services	\$50,000
NEW YORK State Charities Aid Association	Central Information, Referral and Counseling Services	\$27,000
NORTH CAROLINA North Carolina State Board of Health (Davie, Yadkin and Wilkes Counties) North Carolina State Board of Health (Guilford, Mecklenburg, Tyrrell, Gates and Randolph Counties)	Nursing Care of the Sick at Home Nursing Care of the Sick at Home	\$25,000 \$24,200
OHIO Ohio Department of Health (Cleveland) Mansfield Memorial Homes Sheltering Oaks Hospital Cincinnati	Coordinated Home Care Services Central Information, Referral and Counseling Services Central Information, Referral and Counseling Services	\$16,200 \$15,000 \$25,000
OKLAHOMA Hillcrest Medical Center Tulsa University of Oklahoma	Nursing Home Services Nursing Home Services	\$ 1,200 \$10,000
PENNSYLVANIA Montefiore Hospital Association Pittsburgh Philadelphia Department of Health Philadelphia Department of Health	Coordinated Home Care Services Homemaker Services Central Information, Referral and Counseling Services	\$25,000 \$30,000 \$26,600
SOUTH CAROLINA Richland County Health Department	Nursing Care of the Sick at Home	\$21,600
TENNESSEE Marshall County Health Department	Nursing Care of the Sick at Home	\$15,000